

RETURN

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the
Southern District of Mississippi

WILLIE E. CURRY

Plaintiff(s)

v.

MADISON COUNTY, MISSISSIPPI & THE
HONORABLE JOHN K. BRAMLETT, JR., in his
Official and Personal Capacity as District Attorney for
Madison County

Defendant(s)

Civil Action No. 3:25-cv-127-KHJ-MTP

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* DEFENDANT MADISON COUNTY, MS
C/O HON. RONNIE LOTT
MADISON COUNTY CHANCERY COURT CLERK
146 WEST CENTER STREET
CANTON, MS 39046

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

VAN D. TURNER, JR.
TURNER FEILD, PLLC
2650 THOUSAND OAKS BLVD., #2325
MEMPHIS, TN 38118
EMAIL: VTURNER@TURNERFEILD.LAW.COM
PHONE: 901-290-6610

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



ARTHUR JOHNSTON
CLERK OF COURT

Date: 2/20/2025

P. Green

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) _____
 was received by me on (date) _____

☐ I personally served the summons on the individual at (place) _____
 on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Hon. Ramie Lott, who is
 designated by law to accept service of process on behalf of (name of organization) Madison
County on (date) 5/19/25 ; or

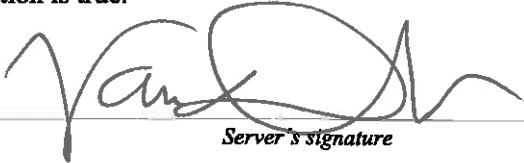
☐ I returned the summons unexecuted because _____ ; or

☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 5/23/25



 Server's signature
Van Turner / Plaintiff's

 Printed name and title Attorney
2650 Thousand Oaks Blvd.
Suite 2325, Mphs, TN 38118

 Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> <i>Bonnie Lott</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address	
1. Article addressed to: Defendant Madison County, MS c/o Hon. Bonnie Lott Madison County Chancery Court Clerk 146 West Center Street Canton, MS 39046		B. Received by (Printed Name) <i>Bonnie Lott</i>	C. Date of Delivery <i>5/15/25</i>
2. Article Number (Transfer from service label) 9589 0710 5270 1419 1102 19		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

U.S. Postal Service® CERTIFIED MAIL® RECEIPT	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$	Summon
Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$	Postmark Here 9590 9402 736 2028 6818 77
Postage \$ 10.48	
Total Postage and Fees \$	
Sent To Def. Madison County, MS c/o Hon. Bonnie Lott Street and Apt. No., or PO Box No. 146 West Center St. City, State, ZIP+4® Canton, MS 39046	
PS Form 3800, January 2023 PSN 7530-02-000-9053 See Reverse for Instructions	